



Docket No. 1567/70937-ZA/JPW/MVM

JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Jacob Bar-Tana

Serial No. : 10/735,439 Examiner: L.A. Royds

Filed : December 11, 2003 Group Art Unit: 1614

For : METHODS FOR THE TREATMENT OF SYNDROME X USING XENOBIOTIC FATTY ACID COMPOUNDS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: November 20, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	26	* 26 =	*** 0 X	\$25	\$50	=	0
Independent Claims	1	** 1 =	*** 0 X	\$100	\$200	=..	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)
 A Petition for an Extension of Time, including a fee of
\$ 225.00 for a Petition for 2 Month(s) Extension of Time
 Other (identify): Exhibits A-F

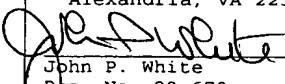
THE TOTAL FEE DUE IS \$ 225.00.

- A check in the amount of \$ 225.00 is enclosed.
 Please charge Deposit Account No. _____ in the amount of
\$ _____.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,


John P. White
Registration No. 28,678
Attorney for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

 11/20/06
John P. White Date
Reg. No. 28,678